

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02021

1. Entity Name

FLORIDA MANUFACTURING AND CHEMICAL COUNCIL, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 008 ****61.25

Principal Place of Business

Mailing Address

C/O NANCY STEPHENS
315 S. CALHOUN ST. STE 300
TALLAHASSEE FL 32301
US

C/O NANCY STEPHENS
315 S CALHOUN ST. STE 300
TALLAHASSEE FL 32301-1837
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2422852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, NANCY
315 S. CALHOUN ST., SUITE 300
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

(See attached page)

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WILEY, JOHN G.
STREET ADDRESS 3000 CHEMSTRAND ROAD
CITY-ST-ZIP GONZALEZ FL

TITLE PD ☒ Change ☐ Add
NAME STAN POSEY
STREET ADDRESS PO BOX 300
CITY-ST-ZIP WHITE SPRINGS, FL 32096

TITLE VPB ☒ Delete
NAME POSEY, STAN
STREET ADDRESS CTY RD 137
CITY-ST-ZIP WHITE SPRINGS FL

TITLE PRESIDENT-ELECT ☐ Change ☒ Add
NAME BILL CRAWFORD
STREET ADDRESS 500'S STERLING WAY
CITY-ST-ZIP PACE, FL 32571

TITLE D ☐ Delete
NAME VAN DUYN, BILL
STREET ADDRESS 2051 N LANE AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Add
NAME DON EMERT
STREET ADDRESS PO BOX 467
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE STD ☐ Delete
NAME CRAWFORD, BRAD
STREET ADDRESS 2400 ELLIS RD
CITY-ST-ZIP DURHAM NC 27703

TITLE D ☐ Change ☒ Add
NAME JIM MCINTIRE
STREET ADDRESS 1300 WILSON BLVD.
CITY-ST-ZIP ARLINGTON, VA 22209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE B ☐ Change ☒ Add
NAME SHEILA NICHOLS
STREET ADDRESS PO Box 97
CITY-ST-ZIP GONZALEZ, FL 32560-0097

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Add
NAME JOHN WILEY
STREET ADDRESS PO BOX 97
CITY-ST-ZIP GONZALEZ, FL 32560-0097

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 (919) 990-7542
Date Daytime Phone #